



The Consolidated Borough of Quil Ceda Village  
8802 27th Avenue NE • Office 360-654-2558 • www.quilcedavillage.com

## APPLICATION FOR EMPLOYMENT

**COMPLETED APPLICATION MUST BE RETURNED TO THE ABOVE ADDRESS**

### PERSONAL DATA

NAME	Last	First	Middle	TELEPHONE NUMBER
PRESENT ADDRESS	Street/Apt. No. or P.O. Box			CITY
CELL PHONE NUMBER				
MAILING ADDRESS	Street/Apt. No. or P.O. Box			CITY
STATE/Zip Code	MESSAGE PHONE NUMBER			
IN CASE OF EMERGENCY, NOTIFY:	(Include Name & Address)			TELEPHONE NUMBER
EMAIL ADDRESS				

### EMPLOYMENT DATA

POSITION APPLIED FOR	JOB NUMBER	DEPARTMENT	DATE YOU CAN BEGIN
CHECK APPROPRIATE BOX FOR TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> EMERGENCY/ON-CALL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	ARE YOU LAWFULLY ENTITLED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		PROOF OF LEGAL RIGHT TO WORK WILL BE REQUIRED AS A CONDITION FOR HIRE
CURRENT EMPLOYEES ONLY	<input type="checkbox"/> TRANSFER		

### APPLICANT'S STATUS - Please check appropriate box

- ☐ (1) Enrolled Tulalip Veteran - (verified by Tribal enrollment) Enrollment Number \_\_\_\_\_
- ☐ (2) Enrolled Tulalip - (verified by Tribal enrollment) Enrollment Number \_\_\_\_\_
- ☐ (3) Native American spouse/parent of an enrolled tribal member (**attach proof**)
- ☐ (4) Non-Indian spouse/parent of enrolled tribal member (**attach proof**)
- ☐ (5) Other Native American member (**attach proof of enrollment / federally recognized by United States or Alaskan/Eskimo**)
- ☐ (6) Non-Indian

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? If yes give name. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU 18 YEARS OF AGE OR OLDER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? (A conviction record will not necessarily bar you from employment). <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> YES</span> <span><input type="checkbox"/> NO</span> </div>		
If yes, indicate the nature of the offense, date, court, and disposition: _____ _____		
DO YOU HAVE A VALID DRIVER'S LICENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>MUST PROVIDE A COPY</b>		
SOCIAL SECURITY NUMBER    _ _ _ _ _ — _ _ _ _ _ — _ _ _ _ _ — _ _ _ _ _		

\* The disclosure of your Social Security Number is voluntary. However, failure to supply a Social Security Number may result in errors in processing your application. Please note that failure to fully and accurately complete this application may result in the immediate disqualification of your application.

**REFERENCES: LIST THREE (3) INDIVIDUALS (others than relatives) WHOM WE MAY CONTACT FOR WORK RELATED REFERENCES**

NAME	TITLE/ORGANIZATION	RELATIONSHIP	TELEPHONE NUMBER

## ACKNOWLEDGEMENT

I hereby acknowledge that the information in this application is true, accurate, current, and complete to the best of my knowledge. I understand that any misrepresentations or omissions shall be sufficient cause for disqualification from further consideration or immediate termination of employment.

I authorize Quil Ceda Village, its employees, and third parties acting on behalf of Quil Ceda Village, to investigate my employment history and credentials. I hereby authorize former employers, schools/universities, the Department of Motor Vehicles, credit agencies, or any other party to release any and all information and records regarding my services, employment, education, driving record, credit/criminal history, and other information concerning me to Quil Ceda Village and all other third parties acting on behalf of Quil Ceda Village. Further, I hereby release Quil Ceda Village from liability for future references it may provide regarding my history at Quil Ceda Village.

I also understand and agree that:

1. This application does not create an offer of employment.
2. If hired, I will be subject to all Quil Ceda Village policies and procedures.
3. Quil Ceda Village follows a Drug Free Work Place Policy. All offers of employment will be contingent upon applicant successfully passing a urinalysis, i.e., a negative test.
4. All offers of employment will be contingent upon applicant successfully passing all other testing(s) required.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## WORK EXPERIENCE

All information requested must be furnished: a resume or other information will be accepted as a supplement, but will **NOT** be accepted in place of the specified information requested (**DO NOT WRITE "SEE RESUME"**).

List all your work experience beginning with your present or last position (attach supplement sheet if necessary).

ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON AN EVALUATION OF YOUR QUALIFICATIONS, THIS APPLICATION, AND REFERENCE CHECKS.		
EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS	FROM: MONTH/YEAR	
TELEPHONE NUMBER(S)	TO: MONTH/YEAR	
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING	FINAL SALARY	
EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS	FROM: MONTH/YEAR	
TELEPHONE NUMBER(S)	TO: MONTH/YEAR	
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING	FINAL SALARY	
EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS	FROM: MONTH/YEAR	
TELEPHONE NUMBER(S)	TO: MONTH/YEAR	
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING	FINAL SALARY	
EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS	FROM: MONTH/YEAR	
TELEPHONE NUMBER(S)	TO: MONTH/YEAR	
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING	FINAL SALARY	

[illegible]

Please list last high school attended. Beginning with the recent, list all colleges, vocational and military services schools attended.  
**MUST ATTACH PROOF OF HIGH SCHOOL DIPLOMA/GED OR COLLEGE DIPLOMA**

NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	GRADUATE YES/NO	MAJOR COURSE	GED DIPLOMA OR DEGREE	GPA
HIGH SCHOOL _____	7 8 9 10 11 12				
COLLEGE/UNIVERSITY _____	1 2 3 4 or More				
COLLEGE/UNIVERSITY _____	1 2 3 4 or More				
VOCATIONAL/TECHNICAL SCHOOL _____	No. of Semesters				
VOCATIONAL/TECHNICAL SCHOOL _____	No. of Semesters				

STATE ANY ADDITIONAL INFORMATION, SKILLS, QUALIFICATIONS, YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.